



DEPARTMENT OF CHARITABLE GAMING
101 N. 14th Street, 17th Floor, James Monroe Building, Richmond, VA 23219-3684
(804) 786-1681

BINGO/RAFFLE APPLICATION - NEW APPLICANTS ONLY**General Instructions**

- A. Use this application when applying for an initial charitable gaming permit.
B. Complete the entire application and all attachments. **DO NOT LEAVE ANY BLANKS.**
C. Place "N/A" if item is not applicable. **Please type or print all answers.** Do not use pencil.
D. If needed, attach additional documents or explanation sheets.
E. Ensure application is signed/dated and notarized by the appropriate individual(s).
F. Enclose a non-refundable \$200 application fee payable to: **Treasurer of Virginia**
G. Retain a copy for your records.
H. Allow 45 days for processing a **COMPLETE** application

For Internal Use Only
Assigned DGC No.

ORGANIZATION INFORMATION

1. Organization's Federal Tax Payer Identification No. _____
2. Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Telephone: (____) _____
E-Mail: _____ Web Page Address: _____
3. Organization's Physical Location: _____
City: _____ State: _____ Zip: _____ Telephone: (____) _____
Contact Person: _____ Title/Position: _____
Contact Person's Daytime Telephone No.: (____) _____ Facsimile No.: (____) _____
4. Jurisdiction where the organization regularly meets? County: _____ City: _____
5. Has the organization been in existence and met on a regular basis in the jurisdiction or an adjacent jurisdiction on a continuing basis for at least three (3) years? Yes _____ No _____
6. Are at least 50% of the members comprised of Virginia residents? Yes _____ No _____
7. Total number of members: _____ Total number of Virginia residents: _____
8. Provide a complete list of members who work in the management and operation of charitable gaming activities *List Attached:* Yes _____ No _____
9. Provide a copy of the organization's Articles of Incorporation, By-Laws, Charter, Constitution, and other appropriate organizing document(s). *Copy Attached:* Yes _____ No _____
10. Date the organization was formed: Month: _____ Year: _____
11. Type of Organization: _____ Religious _____ Educational _____ Charitable
_____ Community _____ Fraternal _____ Veterans
_____ Other Explain: _____

ORGANIZATION INFORMATION

12.	Type of Tax Exempt Status (Check Appropriate Box):	501(c) 3	501(c) 4	501(c) 8	501(c) 10	501(c) 19	Other (<i>Explain</i>): _____
13.	Date tax exempt status referenced in Item No. 12 obtained.						Month: _____ Year: _____
14.	All Applicants - Provide a copy of the Internal Revenue Service Determination Letter that supports and relates to your organization's 501(c) tax exempt status.						<i>Copy Attached?</i> Yes _____ No _____
a.	If the organization does not have a 501(c) designation from the Internal Revenue Service, has one been applied for?						<i>If yes, furnish a copy of the application for the 501(c) designation, a copy of the acknowledgement letter from the IRS, and a \$500 check made payable to the Treasurer of Virginia.</i> Yes _____ No _____ Date Applied: _____
15.	If your organization is a part of or related to a national office of an organization (<u>See</u> . Section 18.2-340.24.A.1.(i.), Code of Virginia, 1950, as amended), please provide a letter of good standing from the national organization which indicates that your organization is currently covered by the group exempt ruling. If the National and or State office has provided this information to the Department, select N/A.						<i>Copy Attached?</i> Yes _____ N/A _____
16.	In the last three years, has the organization had a 501(c) status with the Internal Revenue Service revoked or suspended?						<i>If yes, please explain on a separate page.</i> Yes _____ No _____
17.	Is the organization in compliance with Federal and State law as it relates to the filing, in the last three tax years, of mandated Federal and State tax returns as required by Federal and State law (<i>i.e.</i> , 990, 990EZ, 990T, 990PF, etc.)?						<i>If no, please explain on a separate page.</i> Yes _____ No _____
18.	Attach a copy of the organization's most recent signed , dated and filed Internal Revenue Service Tax Form 990 (including, but not limited to, Form 990, 990EZ, 990PF, 990T) or applicable tax return (submit the tax return that is officially on file with the IRS which bears the date and signature on file with the IRS - If no, please explain on a separate page).						<i>Copy Attached?</i> Yes _____ No _____
19.	Is your organization recognized as a corporation or a form of limited liability company, as defined by the Code of Virginia?						Yes _____ No _____
20.	If you answered yes to Item No. 19, is your organization in good standing as set out under the Virginia State Corporation Commission?						<i>If no, please explain on a separate page.</i> Yes _____ No _____
21.	Has any officer, director, or game manager who volunteers in the conduct, operation or management of charitable gaming activities been convicted within the last 10 years of any felony involving fraud, theft or financial crimes, or misdemeanor crimes involving moral turpitude?						<i>If yes, please provide name, address, and specifics on a separate page.</i> Yes _____ No _____

ORGANIZATION INFORMATION

22.	<p>Has any officer, director, or game manager who volunteers in the conduct, operation or management of charitable gaming activities within the preceding five years, been convicted of a felony or crime of moral turpitude or has participated in the management, operation or conduct of any charitable game which was found by the Department or a court of competent jurisdiction to have been operated in violation of state law, local ordinance, or Department regulation within the last five years?</p>	<p><i>If yes, please provide name, address, and specifics on a separate page.</i></p>	<p>Yes _____ No _____</p>
23.	<p>Is any officer, director, game manager, member, or any member who volunteers in the conduct, operation, or management of charitable gaming activities related to a registered supplier, supplier's agent, employee, member of the supplier's immediate family or person residing in the same household who offers, provides, or sells gaming products to your organization?</p>	<p><i>If yes, please explain and provide specifics on a separate page.</i></p>	<p>Yes _____ No _____</p>
24.	<p>List the location(s), day(s), date(s) and time(s) the bingo/raffle activity(s) will be held: (List all planned activities below. If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)</p> <p>Building Name (Where Bingo Games are Held): _____</p> <p>Physical Address: _____</p> <p>City/Town: _____ County: _____ State: _____ Zip: _____</p> <p>Official Jurisdiction (County of/City of): _____</p> <p>Type of Gaming Activity: _____ Bingo _____ Raffle _____ Both</p> <p>Day(s)/Date(s): _____ Time: From _____ am/pm To: _____ am/pm</p> <p>Maximum Occupancy: _____ Total Square Footage Utilized: _____</p> <p>Facility Lease Amount: \$ _____ Equipment Lease Amount: \$ _____</p> <p>Other Lease Monies (Explain): _____</p> <p>All Other Payments and/or Consideration Made to Landlord (Explain): _____</p> <p>_____</p> <p>Have all payments and/or consideration paid and/or made to the landlord been disclosed as required under 11 VAC 15-22-100(A.)? If no, please explain on a separate attachment with specificity. Yes _____ No _____</p>		
25.	<p>FOR BINGO GAMES ONLY: (If more space is needed or your organization utilizes additional facilities, provide the same information relative to the additional facility on a separate page and attach.)</p>		
<p>Is this building exclusively (check one):</p> <p>a. _____ Owned by Applicant _____ Owned by Landlord</p> <p>_____ Leased by Landlord</p>		<p><i>(If leased, please attach a copy of any and all leases and subleases as part of the application process.)</i></p>	

ORGANIZATION INFORMATION

25. (Cont.)	b.	Who exclusively owns the equipment and has clear title to the equipment utilized by the organization in the conduct of charitable gaming activities? Check appropriate box(s). If other than applicant, please attach supporting documentation regarding ownership of all equipment and specifically list equipment utilized.	<input type="checkbox"/>	Owned - Applicant
			<input type="checkbox"/>	Leased - Applicant
			<input type="checkbox"/>	Owned - Landlord
			<input type="checkbox"/>	Leased - Landlord
			<input type="checkbox"/>	Owned - Property Owner
			<input type="checkbox"/>	Leased - Property Owner

c. Full name of owner of record of property where gaming conducted: _____

Address of Owner: _____

City: _____ State: _____ Zip: _____ Telephone No. (____) _____

Contact Person: Name _____ Telephone: (____) _____

d. Landlord Full Name: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____ Telephone No. (____) _____

Contact Person: Name _____ Telephone: (____) _____

e. Name of Facility: _____ Facility Manager: _____

Facility Telephone: (____) _____ Facility Facsimile: (____) _____

26. Are these locations in or adjacent to the jurisdiction in Question No. 4? Yes _____ No _____

27. Estimated annual gross receipts from bingo or raffle: _____

a. How was this figure determined? _____

28. How will the proceeds from the bingo game/raffle be used? Please specify. _____

29. Full name of person responsible for filing financial reports: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

E-Mail: _____ Facsimile: (____) _____

30. **For Raffle Applications Only** - Will the raffle event be held in conjunction with a casino or Las Vegas night? **Please complete for each scheduled raffle.** Yes _____ No _____

a. What is the prize to be given away? (Use separate page if necessary) _____

b. What are the prize(s) purchased and/or donated? (Use separate page if necessary. Check one box for each prize as to prize being purchased or donated)

\$ _____ - Purchased _____ Donated _____, \$ _____ - Purchased _____ Donated _____ (check one)

c. What is the total purchase price per ticket? (Use separate page if necessary.) \$ _____

ORGANIZATION INFORMATION

30.	(Cont.)	d.	What is the total number of tickets to be printed? (Use separate page if necessary.) _____							
		e.	Will volunteers/members who sell raffle tickets be allowed to buy raffle tickets? If yes, please provide a detailed explanation.	Yes _____ No _____						
		f.	Describe in detail how the raffle will be conducted and by whom. _____ _____ _____							
31.	Full name of person responsible for bingo/raffle event: _____ Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Telephone: (_____) _____ E-Mail: _____ Facsimile: (_____) _____									
32.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Please list the name of any and all individuals and/or registered suppliers who the organization intends to use to purchase gaming supplies. (Use additional sheet if necessary.); </td> <td style="width: 10%; vertical-align: top; text-align: center;"> <i>Have all suppliers of gaming products utilized by your organization been identified?</i> </td> <td style="width: 40%; vertical-align: top;"> Yes _____ No _____ </td> </tr> </table>				Please list the name of any and all individuals and/or registered suppliers who the organization intends to use to purchase gaming supplies. (Use additional sheet if necessary.);	<i>Have all suppliers of gaming products utilized by your organization been identified?</i>	Yes _____ No _____			
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33.	<table style="width: 100%; border: none;"> <tr> <td style="width: 55%; vertical-align: top;"> Please identify any and all persons utilized by your organization who are designated and/or participate as "callers and/or bingo callers" during your charitable gaming activities. (<i>Use additional sheet if necessary.</i>) </td> <td style="width: 15%; vertical-align: top; text-align: center;"> <i>All individuals identified?</i> </td> <td style="width: 30%; vertical-align: top;"> Yes _____ No _____ </td> </tr> </table>				Please identify any and all persons utilized by your organization who are designated and/or participate as "callers and/or bingo callers" during your charitable gaming activities. (<i>Use additional sheet if necessary.</i>)	<i>All individuals identified?</i>	Yes _____ No _____			
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PERSONNEL INFORMATION

Section 18.2-340.25, Code of Virginia, 1950, as amended, provides that no charitable gaming license can be issued prior to a reasonable investigation conducted by the Department of Charitable Gaming. Individuals designated below hereby authorize the Department of Charitable Gaming and/or the Virginia Department of State Police to investigate all matters relating to this application, and each individual designated below hereby waives any rights or causes of action they may have based upon the disclosure of otherwise confidential information.

Complete the following information for **the President, Treasurer/Financial Officer and ALL game managers**. Provide **complete** information. **FULL PROPER NAMES** must be listed and include: first name, middle name and last name -- **applications with initials will cause a delay in processing**. **If an individual has no middle name, then insert "NMN"**. *Complete a separate form for each required person. This page may be duplicated.*

Position Codes: (Check the appropriate box for each applicable individual)

_____ **President** _____ **Treasurer/Financial Officer** _____ **Game Manager(s)**

I, the undersigned, do hereby authorize and give my consent to the Virginia Department of Charitable Gaming to conduct an investigation as set out under Section 18.2-340.25, Code of Virginia, 1950, as amended. I understand that further information may be requested of me in regard to this investigation.

Signature: _____ Date: _____

Full Name: _____ Position: _____
First Name Middle Name Last Name

Social Security No. _____ Date of Birth: _____ Race: _____ Sex: _____

Physical Home Address: _____

City: _____ State _____ Zip Code _____

Day Phone: (____) _____ Fax No: (____) _____

E-Mail Address: _____

THIS FORM MUST BE COMPLETED FOR (1) THE PRESIDENT, (2) THE TREASURER/FINANCIAL OFFICER, AND (3) FOR EACH GAME MANAGER. THIS PAGE MAY BE DUPLICATED.

Prior to issuance of a license and/or permit, the Department of Charitable Gaming reserves the right to request additional information from those named in the "Personnel Information" section of this Bingo/Raffle Application.

SIGNATURES/NOTARY

THE PRESIDENT/CHIEF OFFICER OF THE APPLICANT ORGANIZATION AND THE GAME/RAFFLE MANAGER MUST PRINT THEIR NAME, AFFIX THEIR SIGNATURE, PROVIDE THE DATE, AND HAVE THEIR SIGNATURE INDIVIDUALLY NOTARIZED IN FRONT OF A NOTARY PUBLIC.

I hereby certify and affirm that all information provided in this application and attachments are true to the best of my knowledge, information and belief, and that I have not knowingly made a false statement of material fact on this application and that I have read and understand the terms and conditions as set out under the Code of Virginia and the Charitable Gaming Regulations. I understand that untruthful or misleading answers are cause for denial of the charitable gaming permit. I also agree that the organization listed on this application and its officers, directors, members, and employees, will abide by all rules and regulations of the Virginia Department of Charitable Gaming in the operation and conduct of bingo game(s) and/or raffle(s) pursuant to the Code of Virginia, Chapter 8, Section 18.2-340.15, *et seq.*

Name - Print	(President)	Signature
		Date
<u>Notary Public</u>		
That the above named person, _____, personally appeared before me on _____, 200____.		
Sworn and subscribed before me this _____ day of _____, 200____.		
My Commission expires _____.		
Seal	_____ Notary Public	